

*PUBLIC SERVICE COMMISSION*

**UNIVERSAL SERVICE FUND  
TELEMEDICINE EQUIPMENT PROGRAM**

**Budget Summary – FY06**

<b>PROJECT EXPENSES</b>	<b>USF Funds Requested</b>	<b>Vendor Name and Address</b>
1. Medical Telecommunications Equipment (describe major components) a.		
b.		
c.		
d.		
<b>TOTAL USF EXPENSES BEING REQUESTED</b>		
2. Non-Medical Telecommunications Equipment (needed for project but not funded by USF)		
3. Other costs (specify)		
<b>TOTAL EXPENSES</b> (add each column)		

**NOTE:** Attach price quotes from vendor(s).

**ORGANIZATION NAME:**\_\_\_\_\_

**CONTACT NAME:**\_\_\_\_\_

**CONTACT PHONE NUMBER:**\_\_\_\_\_

**CONTACT E-MAIL ADDRESS:**\_\_\_\_\_